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CHARITY FUNCTIONS OF THE PENNSYLVANIA COUNTY

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The evolutionary process by which the functions of the Pennsylvania county have changed from the simple duties of caring for all classes of dependents as paupers to the complicated machinery of the modern municipality, offers a very interesting study. In some parts of the state the old methods survive while in others there is little trace of the original system. The clash of the old system with changing local conditions has brought about this diversity. It will be impossible to trace this in detail, requiring, as it would, the individual history of almost every county in the state. From a general outline of the development, the student of individual county conditions will find an explanation of much that is obscure.

The first recorded divisions of the local government obtained when the Duke of York possessed the territory which now comprises the states of New York, Pennsylvania, Delaware and part of New Jersey. The Duke's "Book of Lawes" formed the legal basis of proceedings of the courts of this territory closely imitating the English system in the form of government.¹

Under the proprietary government of William Penn, the county became the most important unit of the administration, the town

¹ A High Sheriff, selected by the Governor from three nominees presented by the Justice of the last Sessions, was the chief officer of the riding. The people, by vote elected a Constable and Board of Overseers, the Constable serving for one year and the Overseers for two years, half returning annually. The Constables and Overseers were also church wardens and as such were responsible for the morals of the parish and for the care of the needy. Provision for the poor was made by the "town rate"—a tax for the support of local government as distinguished from the "public charge," the proceeds of which were applied to general maintenance, though levied in the same manner. By proclamation of General Andross in 1676 the Duke of York's laws were enforced in the three general courts along the Delaware, at Newcastle, Whorekill and Upland (Chester). ("Local Self Government in Pennsylvania," Vol. I, Johns Hopkins Studies, p. 25.) "These Courts had legislative as well as judicial powers and were entrusted with the enactment of laws affecting local matters, fixed rates for highway, the poor and other necessities, and selected the church wardens. These laws afforded a far greater degree of local independence than ever existed upon the Delaware before or afterward. They undoubtedly exercised considerable influence upon the institutions of the state, indirectly and even directly as some of the provisions were adopted by William Penn."

losing most of its political significance. The king's charter gave Penn the right to divide the country into towns, hundreds and counties, and to introduce the English system of manorial government. The real center of authority was the county court, which commissioned the officers who administered legal affairs and collected the tax for the poor as well as all other taxes of the county.

With the increase in population, the powers of the county court had to be distributed between the county and its subdivisions, the township, borough or municipality. In 1724, provision was made for three county commissioners to perform the duty which had previously rested upon the court of sessions. These commissioners held a court for trying appeals, had powers to proceed against delinquent collectors of taxes and to penalize the county treasurer and assessors if found guilty of neglect of duty. The subdivisions of the county were chiefly important as facilitating the collection of taxes.

No important change was made in the form of local government by the Revolution. Substantially the same system was adopted by the commonwealth as had been in force in the province.

At all times, the burden of caring for the poor pressed heavily on the taxpayers. Innumerable acts of assembly were passed to relieve conditions. In order to discourage the seeking of relief, all persons receiving aid from the county were forced to wear a badge with the letter "P" cut in red or blue cloth, as was the English custom. The act of 1771 (*Smith's Laws*, p. 332) proved the most satisfactory in dealing with the problem.²

² This act provided for the appointment of two overseers in each township by the justice of the peace with power to levy taxes for the support of the poor, and formed the basis for the present poor laws of the state. Where the poor are in charge of the township, the overseers must first obtain the consent of two justices of the peace before levying a tax, which shall not exceed one cent on the dollar. To determine the value of the taxable property in the township, the last county valuation was used. (*Beiller's Poor Laws*, p. 136.) Every means was taken to protect the township from imposters. Strangers had to bring certificates with them and householders who received a pauper or one who subsequently became such, were liable for their maintenance, unless they had given notice to the overseers within ten days after the arrival of the transient. Legal settlements could be gained in the following manner: by executing a public office for one year; by the payment of tax for two years; by taking a lease of real estate to the yearly value of £10 and dwelling upon the same for one year; by hiring as a servant and continuing to abide in such service for one year in the same township. The removal of the poor from one district to another was restricted and one county could sue another for the maintenance and removal of paupers.

By local legislation prior to the Constitution of 1874,³ special provision was made for the erection of poor houses for an entire county and for the management of the same by a board of poor directors. New legislation was enacted June 4, 1879, which was intended to establish a general system for the relief and employment of the destitute poor throughout the state, its general plan or purpose being that each county should be or become a single poor district. The constitutionality of this legislation was at first doubted but has since been approved.⁴

To-day the county government in Pennsylvania is not one system, but the result of several. Beginning with the township system as now in force in New England, this unit lost its identity in the county. Nor can a consistent county system be said to have developed as it did in the South, for at a later period some of the county functions were restored to the township. Not all townships in the state are charged with the care of the poor. Early charters and local conditions have determined the responsibility for the care of the poor, without any uniformity throughout the state. In Philadelphia county, side by side with the Department of Public Health and Charities, with its numerous bureaus established to meet the needs of a modern municipality, there are five independent poor districts which levy a separate poor tax, maintain three almshouses and give outdoor relief according to the methods of two generations ago.

In spite of the centralizing tendency of the times, the care of the poor has remained a local function in Pennsylvania. The system is exceedingly flexible, permitting, within the political unit, specialization according to the population, but at the same time leaving the archaic methods untouched where local initiative has failed to adopt modern ideas.

Heretofore we have discussed the responsibility for the poor, without regard to the special classes into which dependents may be divided. In early times, all wore the letter "P" who were supported by funds raised from taxation, whether they were poor, insane, defective, sick or helpless because of infancy. The state owes these wards far different consideration from that bestowed by the overseers of the poor upon all classes alike. This differentiation of care will be illustrated in the following sections:

³ Trickett, *Pennsylvania Law of Townships*, p. 67.

⁴ *Rose vs. Beaver Co.* 204, Pa. 372.

Outdoor Relief

The Acts of Elizabeth formed the models for poor relief during the proprietary government. Dependents and prisoners were boarded in families, there being no need to establish the almshouse system as developed in England.

In 1705 a system of public outdoor relief was established which still survives in every county in the state. The number cared for in this way far exceeded those in almshouses and hospitals. One poor district, that of Philadelphia, has realized the disadvantages of this system. In 1859, because of the protest of the taxpayers that they were supporting at least 1,000 able-bodied men and women, the appropriation for outdoor relief was cut down. A committee was formed to provide some means by which the charities of the city might be protected from the countless impositions practiced upon them. These agencies were affected by the inefficiency and corruption which influenced the outdoor relief, as distributed by the guardians of the poor. The report, published in 1878, goes on to state:

The public has but slight acquaintance with their work and no sympathy for it.⁵ They are regarded with more or less distrust, which is often based on ignorance and makes no allowance for the peculiar legal embarrassments they encounter, such as their obligation to provide for all who come to them without visible means of support. The best of the officials intrusted with the management of the system would, we are assured, be glad to find the people of the city showing some sense of responsibility for their work, and helping to set them free from such a legal subjection to imposture by a complete system of voluntary visitation and inquiry.

The committee undertook to establish a new organization which was known as The Philadelphia Society for Organizing Charitable Relief and Repressing Mendicancy, to make public and private relief in the city more efficient. This new society was strongly opposed by the officials. In order to throw upon it an impossible burden, the appropriation for the overseers of the poor, who had controlled from \$50,000 to \$75,000 yearly, was cut off. By thus embarrassing the new society, the overseers hoped to cause such suffering among the poor and force so many of them into the almshouse, that the public would demand the restitution of outdoor relief. Far different results followed. There was no great increase

⁵ Devine, *Principles of Relief*, p. 301.

in the demands made for relief on the private societies and the population of the almshouse actually decreased. Since that time no attempt has been made to restore public outdoor relief in the form of providing food, groceries and clothing. The only outdoor relief now maintained in the city is the service of fifty physicians for the care of the poor in their homes and the provision for medicine for these patients without charge. The other poor districts in Philadelphia county have continued giving outdoor relief. In spite of the unnecessary drain on the resources of the county, which the care of these dependents involves, very little change has been made in the method of dealing with them. In the poor districts throughout the state there was an increase of .028 per cent in the number of those given relief as compared with 1910. In the former year 37,763 were so aided. The causes of destitution given by the overseers of the poor were as follows:

Permanent disability.....	21.90
Death, absence or desertion of father.....	14.73
Temporary sickness or want of work.....	40.29
Intemperance.....	2.03
Insanity, idiocy and feeble-mindedness.....	1.24
Want of work.....	19.81

Vagrants

The aid given vagrants can best be discussed under the head of public outdoor relief, as in some counties they are given meals and lodging outside of almshouses, while in others they are housed with the paupers. In order to do away with the evils attendant upon the giving of excessive outdoor relief, a workhouse was built in 1712 to which tramps were to be sent. At all times the almshouse contained many able-bodied men and women, some of them non-residents. During the Civil War the steward of the Blockley almshouse reports that the high prices paid to shoemakers for army shoes takes nearly all of the men out of the almshouse. The state board of charities reported that in 1876, forty-two per cent of the whole number of those admitted to the almshouse were able-bodied persons. To overcome this situation the act of assembly creating the house of correction in Philadelphia provided that "It shall be the duty of the managers of Blockley almshouse to transfer within twenty-four hours after entrance into said almshouse, all able-bodied

paupers, adults or minors, except such as it may be necessary to employ in the service of said almshouse."⁶ Various poor districts cared for 19,286 vagrants in almshouses during 1911⁷ and 5,925 by outdoor relief. No record is kept of those given lodging in jails and police stations of cities, or those assisted by townships outside of almshouse districts. Transportation was given to 667 of this army of vagrants.

The "passing-on" system is used by the majority of county officials. Usually this consists in providing a railroad ticket which will take the vagrant over the county line, but in cases where the applicant for free transportation claims to be ill, he may be sent to the nearest point where there is a large hospital. The transportation agreement binding those charged with the duty of caring for transients to send none to their destinations without full investigation and a through ticket, has been signed by a number of the private charitable agencies throughout the state, but the Department of Public Health and Charities in Philadelphia is the only public relief agency to abide by its terms. The menace to life and property which this horde of vagrants is, at all times, would seem to demand that the state have power to regulate and control the movements of vagrants and not leave them to be dealt with by local authorities on the basis of self-interest.

The Sick

The first almshouse built in Pennsylvania in 1730 was established to care for the sick and the insane. The guardians of the poor were not only charged with the care of sick paupers, but with public health and the control of contagious diseases.⁸

The power of the local authorities was further extended by the act of 1816.⁹

⁶ *Report of State Board of Public Charities* (1911), p. 252. Act of June 2, 1876, P. L. 1301.

⁷ *Report of Board of Public Charities* (1911), p. 253.

⁸ During the yellow fever epidemic in 1793 Mayor Clarkson called for volunteers to relieve the Guardians of the Poor. Among those responding were Stephen Girard and Peter Helm, a Moravian. The Guardians refused to accept victims in the almshouse and most of them were sent to Bush Hill. But the plague invaded the almshouse and spread to all parts of the City. During the height of the epidemic the visits of the Guardians to the almshouse were not frequent, but the Steward and medical staff never deserted their posts. (Lawrence's, *History of Philadelphia Almshouses and Hospitals*, p. 41.)

⁹ This act provided that "It shall be lawful for the Guardians of the Poor of the City of Philadelphia to remove all persons infected with smallpox to the

In the smaller county homes and hospitals, the care of the sick is a matter of almshouse routine, with infrequent medical attendance, little nursing attention and no isolation of those suffering from chronic diseases from inmates in good health. Patients bear the stigma of having been in the almshouse, and the traditional disrepute of almshouse management clings to all hospitals run by overseers or commissioners, whether still deserving of this disrepute or conducted according to modern methods.

With the establishment of local boards of health in cities of the second and third class, the duties of overseers in regard to public health became divested.

The State Board of Health was established in 1885¹⁰ to have general supervision of the interests of lives and health of the citizens of the commonwealth and to study especially its vital statistics. In cities, boroughs, districts and places having no local board of health, or in case sanitary laws in places where boards of health exist shall be inoperative, the state board has authority to order nuisances to be abated and to enforce quarantine regulations. It is the duty of local health officers to make reports to the state board and to make such sanitary investigations as are requested. The division of responsibility between the state and local health officers is well illustrated by the campaign to control tuberculosis. The only local care afforded the bedridden consumptive, who has neither money nor strength to travel to the state sanatorium, is the almshouse, there being very few private hospitals which receive such patients. The State Department of Health was given \$2,600,000 by the legislature of 1911 to be spent in the prevention and care of tuberculosis. Two state sanatoria are maintained and 114 dispensaries in all parts of the state, with a staff of physicians and nurses. To fill in the gap between state and local care, an effort is being made to give single or two or more contiguous counties the right, upon petition of their qualified voters, to decide, at a general election, upon the question of erecting a local tuberculosis hospital and the issuing of bonds for the purpose.

Originating in the conception that the care of the sick and public hospital of the Board of Health in Penn Township and use and occupy such part of the buildings belonging to the hospital as may be required for the accommodation of such poor sick patients, together with their nurses and attendants taking care to prevent damage being done to the same." (Act of 1816, P. L. p. 35.)

¹⁰ P. L. 1885, p. 36.

health generally was not a matter of public control, but the concern of private citizens with philanthropic motives, a system of subsidies to private hospitals became embodied in the state policy.

"At the present time there is no scientific basis on which the amounts appropriated these different classes of institutions or to the different institutions in each class are apportioned. A small local hospital in the northern tier of counties sometimes received a larger appropriation than a state-wide agency caring for hundreds of beneficiaries most of whom would otherwise be a charge on public funds. One of the thirty-five general hospitals in Philadelphia under private management received a larger appropriation from the last legislature than was given the Eastern penitentiary."¹¹

While the state maintains only ten small hospitals in the mining regions chiefly for the care of injured persons, the legislature of 1911 appropriated \$5,441,300 to general and special hospitals under private management and control.

"We are not ready and cannot afford as yet to dispense with private benefaction in the maintenance of hospitals.¹² But we have been ready for some time to recognize the new state of the public mind which has now crystallized into a belief that the public health is essentially and of necessity a matter of vital public concern; that the control of hospitals is a proper governmental function and, as such, that no institution, whether publicly or privately supported, should be allowed to exist without the public, through its properly constituted officials, knowing exactly what is going on therein—its resources, its equipment, its efficiency and the service which it renders, or fails to render, to the community in which it is situated. This new public consciousness likewise realizes that hospitals should be developed and maintained only in accordance with demonstrated community needs and not otherwise."

The Insane

In searching for an historical precedent upon which to base a programme for the care of the insane to-day, any of the political divisions of the state, or the state itself, may be cited as responsible,

¹¹ Proceedings of the Fourth State Conference of Charities and Corrections, Wilkes-Barre, Pa., *State Appropriations to Private Charities*, 1912.

¹² *Report of the Committee on Municipal Charities of Philadelphia* (1913), p. 83.

according to the period used for illustration. The Duke of York's laws contained a statute regarding lunatics:

That in regard the conditions of distracted persons may bee both very chargeable and troublesome, and so will prove too great a burthem for one towne alone to beare, each towne in the rideing where such person or persons shall happen to bee, are to contribute towards the charge which may arise upon such occasions.

The first public recognition of insanity as a disease came in 1752 with the opening of the Pennsylvania Hospital in Philadelphia. This was a private institution, however, and had little effect on the care of the indigent insane. They remained in asylums connected with the almshouses and were associated with the poor. The care given was purely custodial. The legislature in 1841 had passed an act¹³ providing for the erection of a "public asylum for the reception and relief of the insane of this commonwealth as soon as conveniently may be." But nothing was done until Dorothea L. Dix, after visits to the asylums and almshouses throughout the state, presented a memorial to the legislature, exposing the cruel and inhuman treatment of the insane. As the result of this memorial and the public opinion which it aroused, funds were provided for the erection of the Pennsylvania State Lunatic Hospital and Union Asylum for the insane, which was opened in 1851 at Harrisburg. So we see that the township, the county and the state had, in turn, assumed responsibility for the care of the insane. It is well to note that by act of assembly of 1854, the county from which a patient comes was charged with the maintenance of said patient committed to the state institution by order of court.

The state continued the policy of building hospitals. In 1856 the hospital for the insane at Dixmont was transferred to the state, having been a private hospital up to that time. Danville was opened in 1872 and the state hospitals at Norristown and Warren were opened in 1880. The state has been divided into five districts, each served by one of these hospitals. The asylum at Wernersville, completed in 1890, is used by all of the hospital districts for the treatment of the chronic insane.

The accommodations for the insane provided in these state hospitals were not adequate and local poor boards continued to care for the insane in almshouses and asylums rather than to pay

¹³ Act of March 4, 1841, P. L. 57.

the maintenance fee required by the state institutions. The situation was reviewed by a commission appointed by the governor in 1882. This commission found that the county authorities had utterly failed to handle the problem of the insane. They were still cared for locally as mere custodial cases. To continue this inadequate provision for cases amenable to proper treatment was considered criminal, in view of the advances of medical science, and in psychiatry. Inhuman methods of restraint were still practised in almost all of the almshouses. By the recommendation of this commission, the state lunacy law¹⁴ was passed, which provided for a committee on lunacy as a part of the State Board of Public Charities. By removing to the state hospital those insane who were neglected and abused in local almshouses and jails and by supervising those permitted to remain in the care of the local authorities, this committee was able to raise the standard of care. But the provision made for the insane in the state hospitals did not keep pace with the increased ratio, which has been gaining on the increase in the population. Moreover, the increased cost of maintaining the insane under the new standards proved too great a burden for some poor districts. After studying the situation throughout the state, as well as methods used in other states, the committee on lunacy established a system which later became known as "county care." By act of assembly in 1897¹⁵ it was provided that the several counties might care for their own chronic insane, the state sharing the expense by paying a certain sum per week for the maintenance of such cases. Buildings must be erected according to plans approved by the Board of Public Charities, and the committee on lunacy has supervisory powers to license them and to receive patients. No transfers or discharges can be made without the consent of the committee. By this method the state came to the financial assistance of the counties. Formerly the entire cost of maintenance was charged to the county where the patient had a legal residence. Now each county pays \$1.75 per week for each of its patients in the state hospital, while if the county takes care of its own insane under the county care acts which were re-enacted in 1909, the state pays \$2.00 for each patient. In 1910, twenty counties were caring for their insane under these acts. There is

¹⁴ Act of May 8, 1883, P. L. 21.

¹⁵ Act of May 28, 1897, P. L. 83.

a wide difference of opinion in this state as to the results of this system. A commission appointed in 1907 declared¹⁶: "while it was not within the line of duty of this commission to inquire into the condition and management of the county insane asylums, of which there are twenty, and therefore will not go into details with regard thereto, at the same time, the expert testimony called in other matters alluded to this method of the care and treatment of the insane. Basing, therefore, our judgment upon this testimony and from our personal knowledge and information obtained from others, we are of the opinion that these county institutions, with the exception, perhaps, of those located in the larger counties, Philadelphia and Allegheny, should be abolished, and all inmates removed therefrom to state institutions."

The committee on lunacy¹⁷ endorses this system and is doing all it can to induce the remaining counties to erect suitable buildings and to equip hospitals for the treatment of the insane. There would seem to be no question of the humanity of keeping the chronic insane near home, where they may be under the supervision of friends and relatives. It gives an opportunity for the parole of harmless chronic and improved cases in their own homes, which cannot be done by the big state institutions. It is probable that the "county care" act originally contemplated provisions for the chronic insane only. This result has not been consistently worked for. The state hospitals provide for many chronic insane, while some of the county hospitals have the equipment and nursing force required for the treatment of acute cases. The cost of maintenance in the state institution is higher than in the county hospital. In 1910, the rate per capita was \$4.25 per week at Harrisburg and Norristown, \$4.33½ at Danville, \$4.35 at Warren, with a maximum of \$4.56 at Dixmont. Many counties lose money by operating under the county care act. The cost per capita in Philadelphia county is \$3.91. Of this sum, the state contributes \$2.00, while if patients were sent to the state hospital at Norristown, the county would only be charged \$1.75. In 1910, the state hospitals were caring for about 9,000, while 7,000 of the insane were in almshouses and county asylums, operating under the "county care" act. Another attempted solution of the difficulty is seen in the act¹⁸ passed by

¹⁶ Legislative Committee to Investigate Charitable Institutions, p. 74.

¹⁷ *Report of Board of Public Charities* (1910), p. 390.

¹⁸ Act approved June, 1911, P. L. 855.

the legislature in 1911, in order to encourage the establishment of observation wards in certain hospitals which provides that "the trustees or managers of any hospital maintaining medical and surgical staffs in which courses of lectures on mental diseases open to medical students are maintained, with the consent and approval of the Board of Public Charities, may establish psychopathic wards for the reception and treatment of persons suffering with mental diseases. Each hospital maintaining a psychopathic ward shall be entitled to receive from the commonwealth the sum of \$2 per diem for each day during which each indigent person received in such ward under the provisions of this act shall be cared for and treated therein." Up to the present time only one hospital has availed itself of this act, St. Joseph's Hospital in Pittsburgh.

No logical system for the care of the insane has been worked out in the state. There is no state department which has real power to enforce the standard of care. State hospitals, county asylums, almshouses, jails and psychopathic wards of hospitals may care for the insane in any manner that they see fit. The burden of support rests unequally upon state and local institutions, and what policy the state will adopt in the future is a matter of uncertainty.

Defectives

The class most deserving of care and such training as they are capable of, defectives, have fared poorly at the hands of county and state. All advances in the care of the deaf, blind, feeble-minded and epileptic have been due to the interest of the state and not that of the local authorities. The first of these groups to receive attention was the deaf. In 1821 the Institution for the Deaf and Dumb at Mt. Airy was established. Although managed by a private board of directors, five hundred pupils out of a total of five hundred and thirty are maintained by the state.¹⁹ The oral method of teaching is used in this institution as well as two other schools for the deaf at Scranton and Philadelphia, the latter taking children before they are of school age, in order to train them to speak and understand sufficiently to go to school with hearing children.

Provision for the training of the blind has been made in two schools at the western and eastern ends of the state as well as by state appropriations to private homes.

¹⁹ *Report of State Board of Charities* (1911), p. 203.

Although the deaf and blind are to be found in almshouses, they are largely cases where the defect has developed too late in life to make training effective or necessary.

For the feeble-minded and epileptic, no such adequate provision has been made by the state. The Pennsylvania Training School for Feeble-minded now at Elwyn was opened in 1854 and is a semi-state institution. It was not until ten years later that an ordinance of councils provided for the removal of 112 feeble-minded children from the Philadelphia almshouse to this institution. Some of its pupils are supported by the state while others are boarded by county commissioners and overseers. Two large state institutions are maintained for the feeble-minded and epileptic, one at Polk, accommodating 1,600 and the other at Spring City, with a present capacity of 500. The fact that in 1911 there were 1,306 epileptics in institutions not fitted to care for them, such as almshouses, insane asylums and jails, together with 2,595 feeble-minded similarly cared for, indicates to what extent these classes have been neglected.²⁰ The policy of state care for defectives has been consistently carried out with one exception. In 1911 the legislature appropriated \$200,000 toward a Philadelphia institution for feeble-minded at Byberry, intended to care for imbecile and moron types. This departure from the state's policy is not advocated by the commission on the segregation of the feeble-minded, which recommends²¹ "the passage of an act defining insanity and feeble-mindedness as forms of mental unsoundness and placing all indigent mental defectives under the care of the state, especially under the supervision of the committee on lunacy, especially requiring reports to be made of all persons committed by the courts and detained in these institutions."

Children

During the provincial government, it was the custom to keep orphans and deserted children in the almshouses until such time as they were able to work. Under the poor law of 1771,²² the members of the almshouse committee, with the consent of the overseer of the poor or two or more of the magistrates, might apprentice

²⁰ *Report of the Commission on the Segregation, Care and Treatment of Feeble-minded and Epileptic* (1913), p. 16.

²¹ *Ibid.*, p. 55.

²² 1 Sm. L. 332.

poor orphans, males under twenty-one, females under eighteen. This was rather a recognition by the law of an established custom than an innovation in the care of children. In Philadelphia a visitor of children was appointed in 1781, thus relieving the overseers of this work. As early as 1804, a private institution for the care of children was established by the Orphan Society of Philadelphia, but it was not until the year 1883 that the necessity of separating children from the almshouse group received state-wide recognition by the passing of an act of assembly²³ which provided that "it shall not be lawful for the overseers or guardians or directors of the poor in the several counties, cities, boroughs and townships of this commonwealth to receive into or retain in any almshouse or poor house, any child between two and sixteen years of age, for a longer period than sixty days, unless such a child is an unteachable idiot, an epileptic, a paralytic, or otherwise so deformed as to render it incapable of labor or service."

It was fortunate that the Children's Aid Society of Pennsylvania had been established in 1882 and incorporated in the following year, as it became the most important agency in facilitating the removal of the many children in the almshouses of the state. This new law necessitated a conference between the Children's Aid Society and the guardians of the poor of Philadelphia, in which an offer was made to take children, and put them into private homes where they would be visited and supervised by the society. The offer was accepted for all children not Roman Catholics, and \$1.75 per week agreed upon as compensation. In addition the society authorized the president to open negotiations with the county directors of the poor in other parts of the state, and offered to start local children's aid societies, which should take care of the almshouse children of those counties. In 1883, the convention of directors of the poor framed a resolution commending this work of the Children's Aid Society.

"Public meetings²⁴ in the interests of the children of the almshouses have been held in Chester, Northampton and Franklin counties. In all of these counties the warmest response has been made to the call for help in rescuing children from almshouses, and local committees have been formed to find homes, supervise

²³ Act of 1883, P. L.

²⁴ *Second Annual Report Children's Aid Society* (1884).

and visit the children placed out, these committees acting as agents of the boards of overseers.

"The directors of the poor of Chester county have acted wisely in voting to allow a fair compensation for the board of children, feeling sure of the approval of all taxpayers, in so doing.

"At Northampton a meeting of ladies of high social position, as well as the most active charity workers of that county, moved by the needs of the poor, voiceless little ones, met and founded a children's aid society as auxiliary to the Philadelphia one. Since that time all the children have been placed out either in permanent homes or boarding houses and are doing well. It is to the credit of these directors that they furnished every child that came from the almshouse with a good suit of clothes."

Twenty-seven counties have now accepted the Children's Aid Society as their agent for the care of dependent children. In the other counties nearly every possible method of caring for children is represented in the courses chosen. Where the township system is in use, the few dependent children are placed out by adoption or indenture, by the overseers themselves. Several counties have built homes for the children, an expensive method, with no merit so far as the favorable situation of the children is concerned. Some of the overseers place the children in institutions, while others use private homes to some extent, controlling and supervising the children themselves. In an investigation by Mr. Homer Folks, of the placing-out work done by overseers of the poor, he found that the overseers, in replying to questions regarding the supervision of children so placed, did not understand what supervision implied.

"We do not believe that the directors of the poor, men of personal worth but of many business and political cares, are best fitted to the business of placing out children. In this work they make no reports to the heavens above or to the earth beneath and they keep very few records.

"This system of irresponsible placing out by men unaccustomed to such work is radically wrong. A work involving such responsibility and in which so much is to be learned by experience should be placed by statute in the hands of some central authority, or at least be guarded by a system of careful inspection by some higher power."²⁵

²⁵ *History of Child Saving in the United States*, p. 144.

But the presence of children in the almshouses of Pennsylvania is not a thing of the past, in spite of the act of 1883. According to the Report of 1911,²⁶ agents of the State Board of Charities on their visits of inspection found 373 children in almshouses, ninety-five of whom were sound in mind and body and had been in the institution more than sixty days, in violation of the law.

The State of Pennsylvania, without taking any part in the care of dependent children or controlling institutions for children, gives large sums for their care. The legislature in the session of 1911 appropriated \$306,700.00 to non-sectarian institutions for dependent children. The State Board of Charities visits these institutions and bases its subsequent recommendations for state aid on such visits, but exercises no control over the expenditure of the money or the admission and discharge of children.

Originating in the humanitarian work of the church warden, the charity functions of the Pennsylvania county have developed specialized lines, many of which have passed from local control. The county, by local taxation, still supports in great measure the poor, the sick, the insane and defective but looks to the state for standardization of method and official supervision.

²⁶ *Report, Board of Public Charities* (1911), p. 252.